ARMY NURSE CORPS NEWSLETTER

"Ready, Caring, and Proud"

Volume 02 Issue 01 *October 2001*

Message from the Chief

I want to express my sincere appreciation and genuinely thank all our nurses and medics during the treatment and rescue mission from the terrorist attack on the Pentagon, 11 September, 2001. While we watched the horror in total disbelief, many of our nurses were on the front line providing care to the victims of this attack. On site were nurses and medics assigned to the DiLorenzo Tricare Health Clinic, nurses who are assigned as staff officers in the Pentagon, and nurses who are assigned to nearby facilities. Within minutes of the impact our nurses and medics mobilized volunteers and began setting up triage stations and evacuation of the seriously injured patients to nearby hospitals. Their performance epitomizes the outstanding ability our professionals have to respond whenever and wherever we are needed. Also, I want to thank all the nurses and medics from the MDW area for their support in assisting with the preparation of our MTFs to receive these patients and for providing outstanding nursing care once the patients arrived at the MTF.

Let me also take this opportunity to express my deepest sympathy to our entire AMEDD family and to everyone who lost family members and friends in the attack. We all mourn the hundreds of innocent victims and their families from the Pentagon and the thousands of victims from the World Trade Center in New York City. All of our lives have been touched by this senseless act of terrorism and we must ensure the mental well being of our AMEDD family. It is extremely important that we encourage all those affected in any way by these events to seek assistance and support from our behavioral and mental health community. As we know, we all process these kinds of events differently and all proceed through the grieving process on different timelines. I ask that all of us be acutely alert and sensitive to the mental health needs for our staff, soldiers, our family members and ourselves.

Over the weeks and months to come, it will be critical for us to share timely information with our staff to dispel rumors. I want to ensure everyone that no Army Nurse Corps Officers died or were physically wounded in the attack on the Pentagon. It is important for you to know that COL Gustke and I are in frequent contact and we will keep the Corps abreast of information that directly impacts our nurses. We will contact our senior nursing leaders who will ensure dissemination of information to all the nurses within their facilities. I am asking for everyone's support in this endeavor as we try to minimize dissemination of erroneous information to our staff and their family members.

We in the Army Nurse Corps will play a vital and key role as our nation responds in force to the senseless terrorist acts of September 11th. I know we will be ready to successfully respond to any missions(s) we are asked to support and, as we have done for the past one hundred years, do it with the professionalism and compassion that we are so well noted for displaying. I want to thank each and every one of you for your continued professionalism throughout these challenging times and congratulate you for the outstanding jobs you are doing throughout the world. You should all be extremely proud of the great support you are providing to our Army and to our nation.

Army Nurses are Ready, Caring, and Proud!

Bill Bester
Brigadier General
Chief, Army Nurse Corps

Office of the Chief, Army Nurse Corps

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AN Web Site:
www.armymedicine.army.mil/otsg/nurse/index.htm

ANC Branch PERSCOM:
www.perscom.army.mil/ophsdan/default.htm

Article Submissions for the ANC Newsletter

The ANC Newsletter is published monthly to convey information and items of interest to all nurse corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail to CPT Feider. The deadline for all submissions is the last week of the month prior to the month you want the item published. We reserve the right to edit and review any item submitted for publication. All officers are eligible to submit items for publication.

PERSCOM

Army Nurse Corps Branch Web Page
The direct address for our web page is: www.perscom.army.mil/ophsdan/default.htm. Please visit our site to learn more about AN Branch, and matters pertaining to your military career.

Upcoming Boards

02-12 Oct 01	MAJ AMEDD
27 Nov-07 Dec 01	LTC AMEDD Command
05-14 Dec 01	COL AMEDD Command
12-22 Feb 02	LTC AMEDD
05-15 Mar 02	CPT AMEDD & VI
14-21 May 02	MG/BG AMEDD
04-21 Jun 02	Senior Service College
09-19 Jul 02	COL AMEDD & RA Selection
09-26 Jul 02	Command & General Staff College

See PERSCOM Online (www.perscom.army.mil) for MILPER messages and more board information. To access the messages, go to PERSCOM online (www.perscom.army.mil), double click "Hot Topics", then select MILPER Messages.

Milper Message (MM # 01-259) for FY03 LTC AMEDD Command Board is already available online.

Transcript Updates
Officers should have transcripts mailed directly to AN Branch:

COMMANDER, PERSCOM
TAPC-OPH-AN, ROOM 9N47 (MAJ Lang)
200 STOVALL STREET
ALEXANDRIA, VA 22332-0417

LTHET
Correction: Major Savannah Agee was selected for LTHET Nursing Administration. She was incorrectly identified as Kimberly Agee in last month's ANC Newsletter.

Letters of congratulations and letters of agreement will be sent out 1 October 2001. The letter of agreement has a **suspense return date of 15 October 2001.**

Officers may start the process of identifying and applying for schools keeping mind the school of choice must have an established education service agreement with the AMEDDC&S. MAJ Lang, AN Branch has a list of participating schools.

LTHET TUITION CAP ESTABLISHED FOR 2002 SCHOOL STARTS
Officers selected for long-term civilian training by the FY 2002 LTHET Board have a newly established semester/quarter tuition cap:

Per semester	$3,000
Per quarter	$2,250

Short Courses
To find out the updated class schedule, please visit the Army Nurse Corps branch web site at http://www.perscom.army.mil/ophsdan/profdevt.htm

TRAINING WITH INDUSTRY (TWI) **Applications due: 1 November 2001**
Officers that participate in the Training With Industry Fellowship receive firsthand private sector experience at either one of two sites: Center for Medicare and Medicaid Services (formally HCFA), Baltimore MD or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Chicago, IL. Selected officers begin their one-year fellowship in the summer of 2002 followed by a utilization tour that is coordinated between the officer and AN Branch.

Eligibility: The TWI Fellowship is highly competitive. ANC officers must meet the following criteria: Master's degree; completion of CGSC; at least eight years but not more than 17 years active federal service (AFS); two years time on station at the start of the program or completion of an overseas tour; not competing for any other Army sponsored program, fellowship, or

scholarship; be able to complete a full utilization tour following the fellowship; no adverse action pending; meet the Army's height/weight/PT requirements; be PCS vulnerable; and the rank of MAJ or LTC. Officers must have an outstanding performance record. Contact MAJ Gary Lang regarding the application process.

Preparation for TDY Courses

Just a friendly reminder, it is the responsibility of each unit to ensure that all officers going TDY are able to meet the Army's height/weight and APFT standards. For any course that generates an AER, officers must be able to pass these standards to pass the course.

Officer Advanced Course

Officers must have completed OAC before the Major's board. CPT Gahol at AN Branch schedules officers for Phase II of OAC once the officer has completed Phase I. OAC class dates for FY 02 are located at http://www.perscom.army.mil/ophsdan/profdevt.htm.

Send a copy of DA 3838 and OAC Phase 1 Certificate of Completion to CPT Gahol at AN Branch (fax is OK). The chief nurse or designee must sign DA 3838. Officer must not be on temporary profile, have met HT/WT standards and have passed the most recent APFT before attending Phase II. In addition, include the name, e-mail address and telephone number of the MTF's OAC coordinator. The OAC letter will be sent through your facility's OAC coordinator.

OAC Phase II Enrollment Cancellations

Officers wishing to cancel their enrollment from OAC Phase II must submit a letter through their chief nurses or education coordinators NLT 2 weeks before the course starts. Send the letter to CPT Gahol. Please note that officers that cancel without adequate notice will be considered as "no shows".

CGSC and CAS3 through the Reserves

Taking **CGSC** and **CAS3** through the **Reserves** has become very popular and classes do fill quickly at the more popular locations and times. Please plan early--send your completed 3838s, signed by your respective chain of command, and fax to **LTC Jane Newman** at **DSN 221-2392**, com. **703-325-2392 (newmanj@hoffman.army.mil)**. The POC for specific ATRRS and class related questions is Ms Jennifer West **DSN 221-3159 for CGSC and CAS3.**

***If you are currently enrolled in another services CGSC or are contemplating signing up for another services CGS C, please contact your PMO to discuss your plan.**

CAS 3 and CGSC Information on Line

Information for the Reserve Component (RC) CAS3 can be found on line. The web address is WWW-CGSC.army.mil. The information pertains to AD officers attending Reserve Component CAS 3. Points of contact (POC) for specific reserve component regions are listed. Please do not attempt to register on-line. Registration for CAS 3 and CGSC must be processed through your respective local training chain of command. LTC Newman is the AN Branch POC. Ms Jennifer West (DSN 221-3161) is an additional POC for specific questions.

Generic Course Guarantee

As you may know, the Generic Course Guarantee is a wonderful program offered to junior officers (those who qualify when they access to Active Duty) to receive specialized training in the Critical Care, Psychiatric-Mental Health, OB-GYN or Perioperative Nursing course with in their initial tour of duty (first 3-4 years on Active Duty). While it is very much encouraged for junior officers to take advantage of this super opportunity and attend one of the courses, there may be a misperception among some who have the Generic Course Guarantee, that, in order to remain competitive for promotion and career progression, they MUST accept the Generic Course Guarantee and attend one of the above listed courses. This is a misperception! Please keep in mind the elements that make an officer's record competitive: good performance, meeting AR 600-9 standards, passing APFT, meeting career gates (ie AOC, CGSC, LTHET etc), diversity of positions (TDA, TO&E, clinical, staff etc). If you have any questions or concerns regarding the Generic Course Guarantee, please speak with your nursing chain of command (head nurse, section supervisor, chief nurse etc) or hospital education POC or contact LTC Hough, AN Branch at **houghc@hoffman.army.mil**

Specification of a course must take place within one year of the officer coming on active duty (time starts when officer reports to Active Duty). Officers who enter active duty with no prior nursing experience, must have a minimum of one-year nursing experience before attending an AOC producing course. Officers who have prior nursing experience must have at least six months Army nursing experience before specifying a course. Officers must have at least one year remaining on active duty at the completion of a course. The courses available for attendance through the Generic Course Guarantee program are Critical Care, Psychiatric-Mental Health, OB-GYN, and Perioperative Nursing Course. Officers who desire to attend the Emergency Nursing course (M5) or Community Health Nursing course must decline their Generic Course Guarantee.

AOC/ASI Producing Courses

Critical Care Course and Emergency Nursing Course, Psychiatric-Mental Health and OB-GYN Nursing Course Manager: LTC Hough at houghc@hoffman.army.mil
Perioperative Nursing Course Manager: LTC Newman at newmanj@hoffman.army.mil.
Community Health: LTC Ross at rossa@hoffman.army.mil

There are still seats available in the JAN 02 Critical Care Course at MAMC and WRAMC as well as seats available in the JAN 02 Psychiatric-Mental Health Course at WRAMC. Additionally, there are 2 seats vacant for the FEB 02 OB-GYN course at TAMC. Please see your facility's nursing education representative or nursing chain of command if you are interested in attending. Please note FY02 AOC/ASI Course dates are listed at http://www.perscom.army.mil/ophsdan/profdevt.htm.

The Perioperative Nursing Course is held in one of three locations, San Antonio, TX , Tacoma, WA, and El Paso, Texas. William W. Beaumont and El Paso offer many exciting opportunities during the course downtime like Triple A baseball during the spring and summer months with the El Paso Diablos and snow skiing/boarding in Ruidoso, New Mexico during the winter. Albuquerque, Carlsbad Caverns, Kartchner Caverns, Arizona, Hatch, New Mexico (Chile Pepper Festival) and White Sands Monument (boogey boarding on the dunes) are all day trips away. El Paso is known as the Sun City and is a great escape to the high desert for golfing and horseback riding.

REMINDER: Officers who are applying for specialty courses need to be aware that there are several factors that are closely evaluated when making the course selections. Officer qualifications, MTF needs, fiscal constraints and personal assignment preferences are a few of the important factors that are thoughtfully considered. Officers should be aware that any time they are coming out of a school, (i.e. AOC courses and LTHET) the priority for the follow on assignment is the "utilization tour" while meeting the needs of the MTFs. This is why officers attending AOC producing courses are generally assigned to medical centers or large, busy MEDDACs as their follow on assignment. Naturally, it is always our goal to match up personal preferences, however, sometimes that is not always possible. Therefore, if you are applying for a course you must be prepared to accept the follow on assignment as a condition of your acceptance to the course since preference statements are part of the application process, be sure that you state any special considerations that you would like us to be aware of when making your assignment. Once the assignments are made it is very difficult to change them.

66F/66E Assignment Opportunities

Assignment opportunities are available for 66Fs in Alaska, Ft. Polk, Ft. Riley, Ft. Stewart, WRAMC, Ft. Knox and Ft. Bliss next summer. Follow on assignments are negotiable. Immediate needs are Ft. Carson and Heidelberg in FORSCOM units, December 2001. Europe and Korea continue to be options for the future. For these and other opportunities please inquire to LTC Newman, **newmanj@hoffman.army.mil**.

Assignment Opportunities for 66H Lieutenants

Invest in AMERICA!!! TO&E assignments are available for motivated 66H LT's at Ft. Hood, TX and Ft. Bragg, NC. Positions in Germany may also be available for Spring 2002. If interested, please contact LTC Charly Hough, the PMO for 66H LT's and new accessions, at email **houghc@hoffman.army.mil**

Assignment Opportunities for Captains

A special thank you to all the officers that have helped to fill the mission requirements in Korea. There is one position remaining for a 66H to report NLT APR 02 (follow-on assignment can be negotiated). I have updated the webpage with all new positions. Email **krapohlg@hoffman.army.mil**

AN BRANCH PERSONNEL E-MAIL ADDRESSES

Please note that our e-mail addresses are still not linked up to the MEDCOM e-mail address list. We are getting numerous calls from the field about "undeliverable" messages when they try to send us e-mail messages. Our e-mail addresses are as follows:

COL Feeney-Jones: feeneys@hoffman.army.mil
LTC Haga-Hogston: hagas@hoffman.army.mil
LTC Newman: newmanj@hoffman.army.mil
LTC Hough: houghc@hoffman.army.mil
LTC Ross: rossa@hoffman.army.mil
MAJ Krapohl: krapohlg@hoffman.army.mil
MAJ Lang: langg@hoffman.army.mil
CPT Gahol: gaholp@hoffman.army.mil
Mr. Baker: bakerj1@hoffman.army.mil
Ms. Bolton: boltonv@hoffman.army.mil
Mr. Shell: shellj@hoffman.army.mil
Ms. Walton: waltonj@hoffman.army.mil

OPERATION NOBLE EAGLE: THE FIRST HEROES

MAJ Lorie Brown
Pentagon Health ClinicChief Nurse

It has been my privilege to serve as the Chief Nurse of the DiLorenzo TRICARE Health Clinic (DTHC) located in the Pentagon, Corridor 8, E Ring, North Parking entrance, for a little over one year. This exact location has never meant so much as it did on September 11th. Our location, on this tragic day, meant first: my staff was safe and second: they were able to respond immediately to the tragedy before us.

Before this day became known as Operation Noble Eagle, the staff of DTHC was going about the normal clinic business. We take pride in our robust Primary Care Clinic with nine providers and a multitude of specialty clinics to include: Podiatry, Dermatology, Tri-Service Physical Exams, Internal Medicine, Cardiology, Physical Therapy, Optometry, Allergy/Immunology, Minor Surgery, Acute Care, Wellness, Occupational Health and Dental. We are supported by a wide array of staff from in-house Pharmacy, Radiology, and Laboratory to Patient Administration Division (PAD), Information Management, Logistics, Administration and Managed Care.

This day, began as all others, until the television screens in the waiting areas began showing the unfolding nightmare at the Twin Towers in New York City. As I walked around the clinic trying to encourage staff to focus on the business at hand, I had no idea what was about to take place here soon after.

Surprisingly, when the impact occurred, we in the DTHC heard and felt nothing. As I mentioned earlier, our location was our saving grace. The clinic is nearly opposite the crash site, sub-ground level and built with new construction techniques. Our first recognition that something had occurred was when an unknown Lieutenant Colonel ran into the clinic, yelling for us to evacuate -- "something terrible has happened." Somehow, in the back of my mind, I and (I am sure others) knew what had just befallen the Pentagon.

What I would like to focus on is not our MASCAL training, though it worked very well. Nor would I like to focus on Operation Noble Eagle as it has evolved. But rather, I would like to focus instead on the incredible acts of heroism that occurred before any outside rescue teams arrived and continued for hours afterwards.

The staff of the DTHC responded with true valor and heroism. Acts of heroism came from every department, every section, every service and every civilian from within DTHC. Several DTHC emergency medical teams were sent towards the crash site. They immediately began rendering aid, brought people out of the burning building, set up triage and treatment areas, and went in again and again to save lives from the smoke-filled corridors. At times they crawled on their hands and knees to keep going in the smoke-filled hallways of these corridors, some of which would soon collapse. They are my heroes.

These medical teams made up of nurses, providers and medics, were not alone. Numerous other staff, such as laboratory technicians, medical maintenance technicians, radiology technicians and civilians from DTHC bravely and voluntarily accompanied them. All worked feverishly to save anyone they could reach. They are my heroes.

But there are more DTHC heroes. Those who stayed in the clinic and started setting up triage and treatment for the influx of patients never thought about their own safety (after all, the building was on fire). They all just pitched in and did what was needed, what they were trained to do. They are my heroes.

Emergency medical teams were organized and sent outside to set up a patient collecting point, triage and treatment areas outside the smoke-filled Pentagon. This treatment area was particularly critical, as it was a primary avenue of escape for thousands of Pentagon staff and a multitude of patients. The number of people rushing out was overwhelming. Somehow these heroes made order out of chaos, setting up treatment areas, providing life-saving care and evacuating patients by any means available. They are my heroes.

I have even more heroes on this day. The non-medical DTHC staff continued to push equipment to every medical area we initiated, coming back into the then smoke-filled building on numerous occasions to allow medical care to continue. These clever heroes even found ways to find cold drinks for the quickly dehydrating rescue workers. They are my heroes.

Still other heroes helped to evacuate the Child Development Center, telling the children that it was a field trip. They got every single child to safety. They are my heroes.

Can it be possible that more heroes exist? Yes, more of my heroes are the administrative and information management staff who provided truly life-saving communications. These heroes transmitted our dire situation to outside agencies, arranging for life saving equipment, evacuation and back fill. Well into the night they continued to make arrangements for electrical generators, port-a-potties, food, water and the list goes on and on. They are my heroes.

Finally, the last of my heroes on this horrendous day are the multitude of nameless volunteers that streamed into the clinic offering their assistance. Each one was making me prouder to be an American. If I heard it once, I heard it a hundred times or more on that day: "I'm a nurse, how can I help?". . ." I'm a doctor, where do you want me?". . . "I was an EMT, but I can do anything.". . ."I'm just a secretary, do you need me?" . . ."I'm not medical but I can carry anything.". . ."I'm here to help." Volunteers came from every walk of life, every rank and service, from every corner of the Pentagon. Offers of assistance from some volunteers had to be declined because they themselves were hurt and needed medical treatment. These heroes ignored or were oblivious to their own injuries. Countless people that should have left the burning building

stayed. These heroes continued to come throughout the day and into the evening. They are my heroes.

I write this to recognize all my heroes on this day, both those mentioned here and those I inadvertently have forgotten. I will never forget the service you have rendered to your country. I truly doubt I will ever witness such feats of heroism again. I want to tell every soldier, sailor, airman, marine and civilian how truly proud of you I am. Further, I will be forever grateful that I was honored to serve with you on September 11th, 2001 in the Pentagon.

HISTORIAN UPDATE
MAJ Debbie Cox

It is critical that folks become informed of the importance of saving all their documents related to Operation Noble Eagle and Operation Enduring Freedom. Copies of documents, photographs, etc. should be sent to the ANC Historian at the Office of Medical History, OTSG for incorporation in our Historical Collection.

Oral history interviews of AMEDD personnel involved with Operation Noble Eagle has started. Please send the names and a phone number via email of personnel who participated. Thanks for your support of ANC History. Address is:

Office of the Surgeon General
ATTN: DASG-MH
Skyline 5 Suite 401B
5109 Leesburg Pike
Falls Church, VA 22041-3258

MEDICAL READINESS TRAINING EXERCISE, JOINT TASK FORCE-BRAVO, HONDURAS
CPT Emily Wassum, EMT OIC

Every year, Joint Task Force-Bravo hosts approximately 25 medical readiness training exercises (MEDRETEs) in Central America. The MEDRETEs can vary in scope and size. A specialty exercise may consist of a small team of surgeons screening and operating on a few hundred patients, while a general exercise can involve 30 or more medical professionals, translators and volunteers who screen and treat up to 600 patients per day. At JTF-Bravo each nurse during their six-month tour is given the opportunity to be the project officer for one of the scheduled MEDRETEs. The nurses became familiar with all the logistical aspects of planning and coordinating a deployment from communications and supplies to security and funding. They also get the experience of writing a detailed OPORD that is briefed to the MEDEL and JTF-Bravo Commander.

CPT Paul Asetre, Madigan Army Medical Center, was the officer in charge of a genito-urinary specialty MEDRETE in San Pedro Sula, Honduras. He assisted the team of specialists from Lackland Air Force Base to screen 262 patients and to perform surgical procedures on 58 patients. The team comes to Honduras every 6 months and many of the patients who are screened are scheduled for surgical procedures during the subsequent visit. CPT Asetre augmented the staff to scrub and circulate as the team worked hand in hand with the Honduran surgeons and nurses. "I was impressed by the knowledge of the Honduran medical staff. It was very rewarding to get to work so closely with them. The best part, though, was being able to help people who couldn't afford the exams or procedures," said CPT Asetre. Lodging for the exercise was provided at the Honduran 105th Infantry brigade officers quarters.

1LT Maria Ortiz, Walter Reed Army Medical Center, took charge of a demanding nine day General MEDRETE that provided patient care for over 5,600 patients. Despite feeling overwhelmed by the task ahead of her, LT Ortiz found that as she broke down her planning phase into a step-by-step process her mission began to fall into place. "I wasn't sure that I could pull it off but as I worked through it, I realized that I could accomplish this mission," said LT Ortiz.

When the 30 member Air National Guard unit arrived in Honduras from Missouri she found the focus of her project shifting. "I was no longer dealing with the system," said LT Ortiz. "I was dealing with people, trying to please them and make them comfortable. But I knew the MEDRETE would come along because I knew these people were professionals."

LT Ortiz's biggest source of stress was safety. Road travel in Honduras can be very dangerous and the team convoyed to eight different locations. Each day the team was given a mission, safety and convoy brief and at the end of each day an AAR was conducted. The real satisfaction of a MEDRETE comes in getting to know your people, building a team and most importantly treating patients. "All your efforts come down to how many people you can help, and in Honduras there are so many people who have medical needs. Knowing that you can take care of patients with whatever you have available makes you feel like a real provider," said LT Ortiz.

As nurses we don't often get to see a deployment as a whole process. We are busy in our EMT, ICU or ICW taking care of patients, which is our job. The nurses here at JTF-Bravo are challenged to step out of the hospital environment and to see and participate in the whole process. These nurses learn what they are capable of and know that they can perform in an austere environment. "If I got anything out of being stationed in Honduras, it was the leadership experience I got from my MEDRETE," said LT Ortiz. "It made my time here."

PSYCHIATRIC NURSING CONSULTANT
LTC Dorothy Anderson

The Psychiatric Nurse Course is now located at WRAMC. The course is no longer a six-month PCS move. It is now a 16 week TDY course. The first class is in their sixth week of training. There are three students enrolled in the course. They are three of the Army's brightest and best nurse corps officers and will be great psychiatric nurses. This class graduates on December 20, 2001. The next class will begin on 6 January 2002. Currently there are four students enrolled in the January 2002 class.

If there are individuals who want to become psychiatric nurses, I encourage you to talk with your chief nurse today. Although the application deadline has passed for the January course, I still encourage you to apply for enrollment. I also encourage immediate supervisors and other key figures to allow those bright individuals who desire to attend the course to attend. The Army Nurse Corps needs more psychiatric nurses.

Army psychiatric nurses have played a pivotal role in providing mental health support for the rescue workers and military and civilian staff at the Pentagon in Washington, D.C. Army psychiatric nurses are also involved in New York City. We regret that such a deplorable act took place in our country. We regret that so many Americans have suffered such a physical, emotional and for many such a spiritual blow. However, we are eternally grateful that we as a country and we as psychiatric nurses stand ready to assist our fellow Americans in physical, emotional and spiritual healing.

The Army psychiatric nurses at WRAMC were on the ground immediately after the incident occurred. MAJ Richard Keller from WRAMC was the nurse-leader for the SMART Stress Management Team to the Pentagon. LTC Constance Moore, MAJ Fred Baker and MAJ Peter Murdock have worked long and hard hours in support of around-the-clock mental healthcare operations at the Pentagon. They have provided individual counseling and Critical Event Debriefing groups. LTC Marie Mentor and CPT Ericson Rosca provided weekend coverage in the medical clinic at the Pentagon. Army mental health specialists have also played a pivotal role.

Many of the individuals deployed to the Pentagon have been called back. All of the survivors' medical needs have been taken care of. However, it has been determined that there is an ongoing need for mental health support. It is after the visible scars have healed, that individuals will need help in dealing with grief, loss, emotional trauma, hurt and spiritual distress.

Army psychiatric nursing will continue to play a major role in facilitating emotional healing of those in need. "Operation Solace" developed by the Psychiatry, Social Work and Psychology consultants is a proposed long range plan to minimize the psychiatric casualties that may develop as a result of September 11th. Psychiatric nursing is included in that long-range plan.

God forbid that we will ever experience another day like September 11th. But we would be naïve to think that there will not be other national crisis, natural and man-made brought upon us. The role of psychiatric nurses and other members of the mental health team are to ensure that natural or man-made devastation does not forever devastate the lives of those who survive.

To continue to effectively do the mission required of military psychiatric nurses, we need more psychiatric nurses. I recognize that they may be a lost to other areas of nursing but they are a gain for the Army family and the overall mission of Army nursing. The upcoming course dates are 06 January to 26 April 02; 19 May to 10 September 02 and 13 October 02 to 21 February 03.

QUALITY MANAGEMENT CONSULTANT AMEDD PATIENT SAFETY PROGRAM

COL Judy Powers

Since the release of the well publicized IOM Report – *To Err is Human*: *Building a Safer Healthcare System*, the healthcare industry has been working diligently to engage all levels of healthcare personnel to focus on patient safety with the primary goal of improving organizational systems/processes to prevent patient harm. Patient safety is defined as actions undertaken by individuals and organizations to protect patients from being harmed by the effects of health care services. A proactive, non-punitive, interdisciplinary approach focusing on identification and reengineering of system problems to reduce the chance of a human error reaching and harming our patients is the primary goal of the AMEDD Patient Safety (PS) Program. Although the times ahead may result in many of us caring for our patients in different environments we need each of you to embrace the importance of providing the safest care possible to our soldiers and their families.

The MEDCOM Patient Safety Team has been provided the resources and senior leadership support needed to develop of a comprehensive, standardized AMEDD Patient Safety Program (PSP). For those of you who may not be familiar with the program I would like to present a brief overview of the key program components.

(1) **PS Climate Assessment:** In a patient-safety-focused culture, the existence of risk is readily acknowledged, reporting of errors is encouraged and prevention of harm to patients is recognized as everyone's responsibility. An organizational culture that facilitates cooperation and communication as well as welcomes and encourages change is paramount to establishing a *culture of safety*. In order to assess our corporate safety culture the AMEDD Patient Safety Climate Survey was developed and was recently administered to all MTFs. The focus of this survey was to assess our clinical staffs' willingness to report both near miss and actual medical errors and their perception of patient safety activities in our facilities. We had an outstanding response to this survey with more than 11,000 completed surveys! THANKS to all of you who took time out of your busy day to participate in this baseline corporate assessment. The PS Team is currently analyzing the survey data and will be providing individual facility results to our MTF Commanders, as well as corporate analysis to our senior leaders. The corporate results will also be shared with all of you in an upcoming ANC Newsletter.

(2) **Risk Assessment:** Patient safety encompasses complex, multidisciplinary processes, and it is recommended that each healthcare organization assess its high-risk organizational systems/processes. High-risk services include, but are not limited to – anesthesia, dialysis, emergency services, intensive care, obstetrics, operating room, pharmacy, psychiatric treatment, radiology and transfusion services. The AMEDD

PSP requires each MTF to perform an organizational PS assessment annually to identify and prioritize safety improvement activities.

(3) **Event Identification and Reporting:** The focus on PS data collection and reporting is to improve organizational systems to provide the safest care possible to our patients. The success of the PSP is contingent upon each of us actively engaging in identifying and reporting all patient safety related events. The three types of patient safety events, as identified in the AMEDD PS Program, include – close calls/near misses, adverse events and sentinel events.

A close call/near miss is an event or situation that could have resulted in harm to a patient, but did not, either by chance or through timely intervention. The more close calls that are reported the better! Sharing information on events that had the 'potential' to harm a patient will provide us with important information on the systems/processes that should be reassessed and possibly even re-designed to ensure that appropriate fail-safes are integrated into complex high-risk clinical processes.

An adverse event is an incident/error that actually occurred and may or may not have caused harm to a patient. A sentinel event is an unexpected occurrence involving death or serious physical or psychological patient injury.

The newly revised PS reporting process will be standardized across the AMEDD. In an effort to examine corporate trends in reported PS events the newly 'revised' DA Form 4106 will be used to systematically collect PS event data that will be entered into the UASMEDCOM-provided PS database. This database contains standardized core data elements to accurately capture PS related events and will allow each MTF, and the corporation, the ability to track and trend aggregate data for effective analyses.

(4) **Event Classification and Analysis:** The MTF PSP Manager, or designee, will be responsible for reviewing and categorizing all submitted DA 4106's using a Safety Assessment Code (SAC) scoring methodology. The SAC methodology categories each PS event using a 1-3 risk scoring scale – 1 = low risk; 2 = moderate risk; 3 = high risk. The SAC score identifies the level of PS event analysis appropriate to the incident being considered and includes: tracking, trending and performing a quarterly aggregate analysis on SAC 1 events; individually analyzing patient harm SAC 2 events to ensure process improvements are identified and implemented to prevent future occurrences; and performing a formal Root Cause Analysis (RCA) on all 'actual' SAC 3 events.

(5) **PS Event Communication:** Another important goal of the AMEDD PSP is to improve internal (MTF) and external (MEDCOM) communication and to share lessons learned.

a. Staff Communication: To facilitate a trusting organizational culture it is imperative to provide prompt feedback to those who identify PS events. Any staff member involved in a PS event, which results in patient harm should receive organizational support and assistance as needed. Without your honest input and active participation in identifying safety related issues we will not succeed in improving the systems/processes that may be preventing you in succeeding to provide safe quality care.

b. Patient/Family Communication: In cases involving significant medical errors (or adverse events) causing unexpected patient harm, a qualified healthcare provider will inform the patient and/or his/her family member(s) of the event. In most cases, facts surrounding the event that result in an unanticipated outcome can and should be disclosed to the patient/family member. Specific staff members involved in the event will not be identified to the patient/family member.

c. Communicating Lessons Learned: It is critical for all levels of personnel (MTF/corporate) to learn from PS data by being informed of the system/process contributing factors that resulted in patient harm. Your PS Manager will provide feedback to MTF staff on reported PS events and lessons learned to include: PS improvement strategies, and best/safe practices to be implemented at the unit/clinic level to prevent recurrences. The USAMEDCOM PS team will also identify trends and opportunities for improvements identified through corporate and MHS PS event analyses. This information will be distributed using the USAMEDCOM PS web site and other appropriate communication mechanisms.

In order ensure all of our facilities are educated and actively engaged in this critical program the MEDCOM PS Team has developed a 3-day 'train-the-trainer' PS Program. Your MTF Commander has been requested to select a PS 'core implementation team' to attend this training. The training program includes a brief overview of the national issues related to patient safety, a comprehensive review of the AMEDD PS program components and roles and responsibilities in executing the program; JCAHO PS standards; legal issues related to disclosure of unanticipated outcomes/errors; standardized tools and techniques adapted to report, categorize, and analyze PS events, including performing a thorough and credible RCA; and tools available to facilitate effective program implementation. Upon return from this training opportunity, the MTF Core Implementation Teams will be responsible to educate all assigned staff on the program and your roles and responsibilities in program implementation, expertise and ideas to improve PS in everyday clinical practice.

The AMEDD PS training program sessions will 'kick-off' in November and we expect to have all of our facilities trained within a 3-4 month time-line. THANKS again for your participation in the PS Climate Survey and other local PS activities. We need each of you to continue to share your expertise and ideas to improve PS in everyday clinical practice. Your contributions and commitment to improving organizational systems and processes will make the difference as the AMEDD leads to ***"Make the Best Way the Safest Way!"***

Please visit our PS Web Page at http://www.cs.amedd.army.mil/qmo/ptsafety/pts.htm when you get a chance! Also, if you have any questions or need assistance with your patient safety program activities contact me at Judith.powers@amedd.army.mil or 210-221-6622.

HEALTH FACILITY PLANNING
Chief, Clinical Support Operations
LTC Sharon Steele

How many of you have wondered how we plan and build new medical facilities or renew older facilities? Let me give you a little background on how this is done and show you the role our nurses play in these designs.

The Health Facility Planning Agency (HFPA) is located in the Skyline Complex in Falls Church, Virginia, on the same floor as the Office of The Surgeon General. HFPA represents OTSG for programming, planning, design, and construction of new medical facilities and also on large renewal projects. In the last few years, HFPA has also taken on a Master Planning mission, looking at all Regional Medical Commands, assessing their facilities within the context of their missions, and making recommendations for future projects. You can learn more about HFPA at http://hfpa.otsg.amedd.army.mil/.

We have several nurses at HFPA. In the Planning and Programming arena are Ms. Catie Whelan, Ms. Miffy Morgan and COL (ret) Carolyn Bulliner. They manage the programming, analysis, and prioritization of projects, and coordinate with Congressional, DoD, Army, OTSG, and MEDCOM staffs concerning medical facility issues. There is also an Army Nurse position at HFPA, an LTC slot. This is for a Senior Health Facility Planner, one with experience in Health Facility Planning. I am doing this job, as well as that of Chief, Clinical Support Operations, supervising all our biomedical and environmental planners. The Clinical Support mission is to provide clinical and technical support to all aspects of project development, design, and construction to ensure a quality facility.

How do you get experience in Health Facility Planning? We have many positions, many part-time, in Health Facility Project Offices (HFPO's) at health facilities that are undergoing a renewal or Military Construction (MILCON) project. These nurses act as a major resource person for the Project Office by analyzing the functional design concepts and final working drawings to determine impacts on health care delivery / patient care. The Project Nurse also has primary responsibility for coordinating many of the transition tasks. Our current full time Project Nurse locations are Ft. Wainwright (LTC Chuck Lazarus), 121st General Hospital (LTC Jane Denio), and Europe Regional Command (MAJ Pat Kuntz). We have part-time Project Nurses at Ft. Hood (MAJ Judith Hawkins), Heidelberg MEDDAC (LTC Regina Tellitocci), and Ft. Campbell (MAJ Christine Bridwell). In the future, we will be opening new HFPO's and have openings for full-time Project Nurses at Ft. Belvoir, Heidelberg, and Ft. Hood.

If you are interested in any of these positions, contact your Personnel Management Officer. We are looking for officers who have a strong clinical background, senior Captain or above, preferably with a Masters in Administration. They must be motivated, analytical, and able to work with all types of people, from architects to contractors to medical staff. They must like to analyze and research, and should be willing to learn how to read plans and get into the many details that make up any construction project. Project Nursing or Health Facility Planning is not for everyone, but it is an excellent opportunity for some nurses to make a significant difference in patient care in new and renewed medical facilities.

FUTURE READINESS OFFICER UPDATE
"SMART TIPS"
CPT Bob Gahol

The FY03 LTC and COL Command Boards are scheduled to convene in November & December. Eligible officers MUST accept & decline the command preferences electronically thru the Army Knowledge Online. Below are the instructions on how to access the Command Preference Statements.

How to Access the PERSCOM Officer Career Management Knowledge Center:
1. Go to Army Knowledge Online (AKO) at http://www.us.army.mil
2. Click on "US Army Certificate"
3. If you already have an AKO UserID, click "Sign In", when prompted, enter your user name and password. If you remember your login ID and Password from last year's command board, it is the same for this year.
4. If you do not have an AKO UserID, click on "I'm a New User". You will be required to complete a form. You will then be issued a UserID and password.
5. Click on the PERSCOM Officer Career Management Knowledge Link Center located on the right side menu (under "My S-1"). This will take you to the PERSCOM Officer Career Management Knowledge Center homepage.

The Army Knowledge Online Portal:
1. To change your password: Click on "change password" in the "My Army Portal" box to change your password.
2. Set up your "e-mail for life" AKO provides an e-mail hub where you can have e-mail sent to a central address (UserID@us.army.mil) and have it forwarded to your current duty station. When you PCS, simply change the mail forwarding address at Army Knowledge Online, and your e-mail will follow you. The mail forwarding information is under the link "Edit Personal Info".
3. Click on the PERSCOM Officer Career Management Knowledge Center link. This will take you to the PERSCOM Officer Career management Knowledge Center home page.

How to submit your Preference Statement:
1. On the left side of the PERSCOM Officer Career Management Knowledge Center home page, click on the "Preference Statement" button.
2. A list of all current processes for which you are eligible will appear in the right frame.
3. Click on your name. Your preference statement will open with your personal information pre-populated at the top of the form.
4. Follow the step-by-step instructions on the form to complete and submit your Preference Statement.

Notes:
- The CPD Preference Statements consists of four screens. Nearly all fields in all 4 screens are "required fields" that must be completed in order to submit the form.
- Until you actually submit your selections on screen 4 (using Yes and OK buttons at the bottom of the screen), you are able to move back and forth among the screens to make selections and/or changes.
- You cannot move to the next screen without completing the fields on the current screen (e.g., until you complete the fields on screen 1, you cannot move to screen 2).
- If you choose to leave the site or close your browser, your selections will automatically be saved until you return to the site to make changes and/or submit your preference statement.
- After you submit the form, you will receive an email message confirming your submission and listing your selections.
- If you want to make changes after you have submitted the form electronically, you must contact the AN Branch LTC and COL Command Board Administrator (CPT Gahol) with the changes to your Preference Statement -- you cannot make the changes yourself.
- If you have submitted your Preference Statement electronically, DO NOT submit a paper Preference Statement.

You may also contact the AKO Help Desk at:

Toll-free: 1-877-AKO-USER
DSN: 654-3791
E-mail: help@us.army.mil

Infection Control Consultant's Corner
Jane Pool RN, MS, CIC

I wanted to share a document with you that was originated by one of my colleagues, COL Suzanne Johnson (ret.). This Excel chart will serve as a valuable Infection Control tool for Bioterrorism at a glance. Please feel free to personalize, print, and share. It is located on page 19 of the newsletter.

The next Infection Control Basic Course is being offered on 22-26 October, 2001
In Princeton, New Jersey - "Principles of Infection Control"
Sponsor: Association for Professionals in Infection Control and Epidemiology, Inc. Northern and Southern New Jersey Chapters AND NJ State Department of Health and Senior Services. For more information or to register, contact:
Stanley Ostrawski, Chief, Infectious Disease,
Infectious and Zoonotic Disease Program
NJ Department of Health and Senior Services
(609- 588-7500)
Cost: $375 (Includes Manual, handouts and lunch daily)

DIRECTOR, HEALTH PROMOTION AND WELLNESS, USACHPPM
LTC(P) Gemryl L. Samuels

Self-care is a core component for optimization of the Military Health System and an important program element of population health. Self-care emphasizes the importance of accepting responsibility for preventing disease and non-battle injury as well as knowing what type of treatment is needed for common, minor health conditions and when the services of a health care provider are required. Self-care advances the philosophy that personal health care is a joint responsibility of individual soldiers, and the Military Health System. Self-care programs reduce the demand for treatment of non-urgent, self-treatable conditions as well as reducing the time lost during training to receive health care.

The Health Promotion and Prevention Initiative (HPPI) initially funded the development of the Basic Combat Trainee Self-care Program in the Third Basic Combat Training Brigade at Fort Leonard Wood. Program outcomes for the period from January 1998 to May 2000 were: no reported adverse outcomes; avoidance of lost duty time, 33,894 hours; avoidance of provider visits, 17,839; provider time saved, 5,946 hours; total cost avoidance, $910,665. A self-care model with a full complement of program materials to include a Soldier's Manual was developed by USACHPPM and is now being replicated at six HPPI sites for FY 2001: Aberdeen Proving Ground, Fort Hood, Fort Huachuca, Fort Jackson, Fort Sam Houston, and Fort Sill.

The USACHPPM Self-care Program teaches symptom recognition and management to young soldiers in a standardized class that includes the safe practice of self-care and how to use a self-care guide. The Self-care Program is a structured process–with quality control points–that increases the efficiency in which effective health care services are delivered for non-emergent self-limiting illnesses.

Subject matter expertise is being provided to replication sites. Routine contact is being made with replication sites to address program overview, implementation issues and technical assistance. Contact will be maintained via email, teleconferences, and videoconferences. Replication sites are providing monthly data feeds to USACHPPM in a "Data Collection" template. Statistics will be evaluated by aggregate and geographic population. Replication is the last step in program evaluation and will provide data that will validate the program's effectiveness.

A Business Plan to implement self-care at 16 Advanced Individual Training sites was briefed to The Surgeon General of the Army, LTG James Peake. LTG Peake endorsed the program and recommended a phased approach to implementing self-care.

ARMY COMMUNITY HEALTH NURSING

LTC (P) Sandra L. Goins

Thank you, Army Community Health Nurses, for the caring difference you make in the lives of our soldiers and families, past and present. I am frequently reminded of your dedication, passion and commitment to the excellence of Army Community Health Nursing. The following brief summaries reflect the many times you have answered the call to make a difference. Though it has been approximately one year since I assumed the duties as the Army Community Health Nursing (ACHN) Consultant - I know this will be one of the greatest opportunities of my career.

In January, we launched the ACHN logo, selected by a vote from all ACHNs. The intent of the logo is to assist in marketing our services from installation to installation with a standardized emblem. Details of the logo, from the gold and burgundy colors to the design of the waves, were thoughtfully developed by ACHN s in ERMC. It has been submitted to the ANC historian for preservation. An electronic copy can be obtained by contacting me.

The job of consultant is very much a "we" and not a "me". We developed workgroups to address ACHN issues in areas of deployment, ACHN practice (protocol, credentialing and APN), research, marketing, and documentation with emphasis on development of a technical guide to replace the "ACHN Bible" and now rescinded FM 8-24, Community Health Nursing in the Army. The team leaders are LTC David Carden - Deployment; LTC(P) Joann Hollandsworth - Research; COL Lynelle Rockwell - Documentation; COL Adeline Washington - Marketing; and LTC Jane Lindner - ACHN practice - Privileging APN. More focused workgroups are evolving in the program areas of Child Care, Communicable Disease, Maternal - Child, Family Advocacy and Managed Care. Great work has been accomplished by these workgroups. If you are interested in working with a team, please contact the team leader or me.

The ACHN Monthly VTC is as an open forum to present briefings on ACHN programs, updates by key AMEDD staff, and an opportunity to network. Often, ACHNs become isolated in single nurse assignments or just need the camaraderie of other ACHNs - this is a chance to connect! In Jan, we began altering the monthly VTCs to provide an opportunity for the ACHN senior staff (RMC ACHN Consultants, POPM, CHPPM and AMEDDC&S staff) to address leadership appropriate issues. This change has been well received. Scheduled VTCs are 9 Oct/1115; Nov/1530 and no scheduled VTC in Dec. The CY02 ACHN VTC schedule is pending approval.

There were many moves this summer involving key ACHN positions. To keep you abreast of these changes, the coveted ACHN roster will be distributed in Oct 01 thanks to the work of Ms. Ila Cottrell, WAMC ACHN clerk. The Key ACHN staff follow:
ACHN Consultant - LTC(P) Sandra Goins (WAMC)
GPRMC - COL Lynelle Rockwell (BAMC)
NARMC - COL Adeline Washington (WRAMC)
NWRMC - LTC(P) Joann Hollandsworth (MAMC)
PRMC - LTC Francine LeDoux (TAMC)
SERMC - LTC Mary Sanders (DDEAMC)
ERMC - LTC David Carden (LRMC)
18th MEDCOM/Korea- MAJ(P) Angeline Hemingway (121 Evac)
CHPPM, Dir. Health Promotion - LTC(P) Gemryl Samuels
POPM ACHN Staff Officer - LTC Lois Borsay
AMEDDC&S - MAJ Galberth
DCSPER Staff Officer - LTC Linda Williams

Short, short briefs:

1. AR 40-5, Preventive Medicine Services - draft pending staffing. (LTC Borsay)
2. ACHN Technical Guide - in development. (COL Rockwell)
3. Tuberculosis New Guidelines - revises the recommended therapy for latent tuberculosis infection (LTBI)-pending staffing. (LTC Borsay)
4. Child and Youth Services - OSHA Bloodborne Pathogen Standards - POPM Policy, Mar 01. (LTC(P) Goins)- guidance to provide Hepatitis B vaccine and BBP training to first-line responders in CYS setting.
5. Child and Youth Services - MACOM Inspection VTC Training for ACHNS - pending. (LTC (P) Goins)
6. Privileging ACHNs - Information Paper pending. LTC (P) Goins
7. Home Care - To date, no Army MTFs have been surveyed under JCAHO Home Care standards. If your MTF exceeds 10 home visits per CY, you may be subject to the survey. This does not include Family Child Care inspections nor New Parent Support Group (NPSG) visits if the NPSG does NOT fall under the MTF. For more information, contact your Quality Management Office. (LTC(P) Goins)

Upcoming training events:

1. 129th Annual Meeting and Exposition, American Public Health Association - 21-25 October, Atlanta, GA. For registration and more information, go to www.apha.org.
2. Satellite Broadcast, Update on CDC revised Guidelines for HIV Counseling, Testing and Referral, 15 Nov, 1300-1500 EST. Go to www.cdc.gov for additional information.

Opportunity to make a difference: Become a member of the elite team of ACHNs who have honorably served a 6-month tour in JTF Bravo, Honduras! I regret to say that not all can make the cut…I highly recommend that you be a senior CPT/MAJ, have completed 6AF6 Preventive Medicine Program Management Course and have some supervisory experience…And most of all, the competence and commitment to make a positive difference. Don't allow this opportunity to pass you by…contact your Regional CHN Consultant if interested.

I regret to say there were no ACHN presenters in the Force Health Protection Conference in New Mexico. It is imperative that ACHNs provide relevant CEU offerings in this forum. MAJ(P) Sharon Reese, CHPPM, is the ACHN POC for the FHP CY02. I am requesting each MTF ACHN office submit a speaker or subject area appropriate for any ACHN Program (Child Care, Tuberculosis Management, Pregnant Soldier, HIV/AIDS Education and Counseling, etc).

I conclude as I began, with a personal thanks to each of you for your invaluable support. You are indeed competent, caring and committed -ACHNs!

AN EARLY CHRISTMAS GIFT
MAJ Erin McLaughlin

In October 1998 Hurricane Mitch devastated several countries in Central America (Honduras, Nicaragua, Guatemala and El Salvador). As a result, severe floods and mudslides wiped out villages, health posts and schoolhouses. The death toll quickly escalated to the thousands. As health providers, we all recognize that unburied or exposed corpses in combination with stagnant untreated water, are a breeding ground for dysentery, malaria, and other bacterial and fungal diseases. These are just the medical issues, the psychiatric ones abound as people undergo such stressors as losing their home, deaths of loved ones, and no or limited access to food, clothing and shelter.

A slice of the 86th Combat Support Hospital (CSH) from FT Campbell Kentucky heeded the call for medical support and deployed to El Salvador in late November 1998. The CSH had no internal psychiatric assets and I was attached to them as a Psychiatric Clinical Nurse Specialist. The expectation was that with such a devastating event, there would be opportunities to assess, monitor and treat psychiatric injuries. I certainly was prepared for this deployment as I had been previously assigned to the 86th CSH and was at that time the Executive Officer for the 83rd Combat Support Control Unit at FT Campbell.

Since the 86th CSH set up in a remote airfield in El Salvador, the psychiatric casualties were minimal. I did have the opportunity to talk with deployed soldiers. As psychiatric nurses your keen observation skills of deployed troops remain paramount for the Commander. You may be asked to talk with soldiers who appear stressed, tearful, isolative, and angry about being away from loved ones (especially during the holidays). You may also be asked to evaluate and treat soldiers with previous psychiatric/substance abuse diagnoses.

Few psychiatric casualties permeated our area of operations. During Hurricane Mitch, the majority of host nation psychiatric casualties were screened and treated internally by local psychologists and psychiatrists. For this reason the Commander and Chief Nurse of the 86th CSH offered me a temporary deployment away from the 86th CSH to the US Embassy in Managua, Nicaragua. They selected me, I truly believe, because as psychiatric nurses, our basic level functions include: health promotion and health maintenance, intake screening and evaluations, health teaching, crisis intervention, counseling, community action/assessments, and advocacy. These skills proved to be invaluable for the upcoming assignment to Nicaragua.

While deployed to the US Embassy, I worked with a naval reserve engineer and the Ministries of Health and Education to identify sites and communities (villages, really) that would benefit from New Horizons Projects. The New Horizons Project is a program that deploys Reserve units to build health posts and schoolhouses for those countries with and identified need. The engineer focused on dimensions, structural design and supplies, while I conducted community assessments. We created a tool to assess communities with accessible and potable water sources, available land, number of patients to receive care within that particular catchment area, and common diseases to be treated. We also screened for areas that would benefit from medical reserve units providing 2 week long Medical Readiness Training Exercises (MEDRETEs) for the upcoming summer.

The days were long, hot and dusty as we traversed the mountainous country roads searching for sites to build and communities to treat. The rewards were many. Each village that received us emphasized the importance of education, immunizations and medical treatments for their children as they tearfully described the river washing away a schoolhouse or newly built health post. Our digital camera captivated the kids as we always took a group photo of them and were amused as they shyly touched our arms or legs, as they had never seen such light skinned individuals before.

The whole experience was rewarding from working with the Embassy staff, Ministries of Health and Education, learning about structural designs and building requirements, to medication/medical treatments needed in this country. The results of our combined efforts during this 10-week deployment were the planned construction of three health posts, two schoolhouses and 8 MEDRETEs sites to be staffed by reserve units.

Our unit redeployed to FT Campbell (Feb 99) prior to the scheduled construction commencing. I know that it began as I perused the *Army Times* in August 1999 and saw a reserve unit soldier sharing an MRE with a child at one of the sites we designated for a new schoolhouse. I cannot emphasize what wonderful and unique encounters I experienced during this deployment. If you have the opportunity to deploy, take it. The insights you will gain about yourself and others are invaluable. You too may receive an early Christmas gift.

NEWS FROM AROUND THE AMEDD

A Tribute and Remembrance Program in honor of the victims of the September 11 Pentagon terrorist attack will be held at the Women In Military Service For America Memorial. The program, which is on the occasion of the Memorial's

fourth anniversary is scheduled for Sunday, October 21, at 2 pm and is free and open to the public. The Women's Memorial, at the gateway to Arlington National Cemetery, is accessible by Metro Blue Line, Arlington Cemetery stop, or paid parking is available. RSVP to 703-533-1155 to reserve a seat.

PEOPLE MAGAZINE FEATURES LTC Patty Horoho

An article in "People" magazine, 1 October 2001 features LTC Patty Horoho's efforts at the Pentagon after the plane crash. It states she took charge, set up a triage station, treated more than 75 patients, put volunteers to work to include a general officer who followed her commands. She treated the victims for four hours before contacting her own family. She states, "it was an integrated effort by so many people, I had never really thought about the name 'United States' before, but 'United' now has a very powerful meaning. I couldn't be more proud to be an American." There is a half page photo of she and Raymond (husband) embracing in front of their home.

Tri-Service Military Conference 6 Mar 2002 LTC John Morse

This year the Tri-Service Group of AAACN are planning a terrific pre-conference day on March 6th, 2002 and are requesting abstracts presentations for the following topics:

Lectures
- Pain Management in the Ambulatory Setting
- Telephone Triage – Trial and Error
- Deployments/Humanitarian missions- Lessons Learned

Panel Discussions
- Nurse Managed Clinics – Diabetes, Hypertension, etc.
- Staffing Models
- Nursing Competencies in the Ambulatory Setting

The purpose of this conference is to provide a forum to discuss the challenges encountered and guide military nurses in the ambulatory setting. This will be accomplished through formal paper presentations, poster sessions, and panel discussions.

If you are interested in submitting a clinical abstract or presentation for the Tri- Service Military Conference, now is the time to start your preparations. The conference will be held at the Hyatt Regency Hotel in New Orleans in conjunction with the American Academy of Ambulatory Nursing 7–10 March 2002.

Guidelines for Submission: Please submit three copies of your abstract. State completed title, author(s), address, institutional affiliation, phone number/e-mail address/fax number, and indicate whether it is for paper, poster or panel presentation. If more than one author is listed, indicate which one is the contact person. Abstracts will be selected on the basis of merit through blind review.

Abstracts must include: Purpose, rationale and significance, descriptions of methodology of any research, identification of major primary and secondary source, findings and conclusions.

Abstract Preparation: Margins must be one and one-half inches on left, and one inch on right, top and bottom. Center the title in upper case, and single-space the body using 12 inch font. Send presentation abstract to LTC John Morse at john.morse@cen.amedd.army.mil .

Submission date: Abstracts must arrive on or before 30 Oct 2001. E-mail to:

LTC John Morse
Brooke Army Medical Center
Chief, Ambulatory Specialty Nursing
Co-Chair AAACN SIG

Branson Honors the ANC

During the week of November 6-12, Branson, MO will host its sixty-fifth annual Veterans Homecoming, the largest event in the nation commemorating Veterans Day, with 40,000 veterans, from all eras and all states, coming into Branson. Each year, a special group is "saluted". ***The Army Nurse Corps has been selected as this year's "honoree".*** The calendar at www.veteranshomecoming.comshows this year's events in Branson. The POW Network organization is responsible for the "service" at the 5th Annual Military gala & Banquet on 8 November aboard the showboat *Branson Belle*, and this year plans to remember the Army Nurse Corps and those who can't join the group at that night's celebration—from all eras, all branches, all organizations, all losses. For more information, visit the web site above. The POC is COL (Ret) Betty Antilla at (301) 926-6857 or call (417)-337-8387.

Opportunity Knocks for Experienced AMEDD Soldiers

With the transition of 91B to 91W and 91C to 91W M6 comes a unique opportunity for active duty and Reserve Component AMEDD soldiers. When the AMEDD Center and School implements the new 91W course, inputs for the early 2001 91W/M6 (91C) classes are anticipated to be lighter than usual. Class 01, beginning on 4 FEB, will receive students from the initial 91W classes which are smaller pilot training classes. AMEDD enlisted personnel may take advantage of this "one time" training seat availability and apply for training. This is an outstanding opportunity for those holding or having previously held 91B (91WY2) MOS to attend a training course that allows a soldier to take a national exam for licensure as a practical nurse (LPN) upon completion. The course is fifty-two weeks in length with the first six weeks at FT Sam Houston. The classes cover anatomy & physiology, microbiology, nutrition, pharmacology, math and the role of the M6 in the AMEDD. Phase II for class 01-02, 46 weeks, will be conducted at DDEAMC or MAMC. It includes 700 hours of didactic instruction in nursing fundamentals, documentation, pharmacology and an in-depth

study of the cardiovascular, respiratory, musculoskeletal, GI/GU and reproductive body systems and associated disease processes. Over 900 hours of training are spent in the clinical arena and include medical-surgical, pediatrics, obstetrics, mental health, ICU and ER rotations. As well, a field-nursing component is included in order to apply the skills to the TOE environment. It is recommended that you contact the 91C Branch NCOIC, DSN 471-8454, to determine at which site you may be assigned before making arrangements to move household goods and/or family.

The role of the M6/LPN is an essential component of military healthcare and also has prominence in the civilian sector. The Practical Nurse Course is an excellent foundation for further study and many graduates have pursued advanced nursing degrees after completing this program. Check with the Hospital Education Department and they will assist in the application process.

Congratulations to **MAJ Veronica Thurmond**, a doctoral student at attending the University of Kansas Medical Center; Kansas City, Kansas for her three recent publications:

Thurmond, V. A. (2001). The point of triangulation. IMAGE: Journal of Nursing Scholarship, 33(3), 253-258.

Thurmond, V. (September 2001). Telehealth in the year 2010. Online Journal of Nursing Informatics (OJNI). Vol. 5, No. 2, [Online]. Available at http://www.hhdev.psu.edu/nurs/ojni/telehealth%202010.htm

Thurmond, V. A. (2001). The holism in critical thinking: A concept analysis. Journal of Holistic Nursing, 19(4), 375-389. (Currently in press, due out in December 2001).

12TH BIENNIAL PHYLLIS J. VERHONICK NURSING RESEARCH COURSE CALL FOR ABSTRACTS

1. The Twelfth Biennial Phyllis J. Verhonick (PJV) Nursing Research Course will be held in San Antonio, Texas, from 29 April-3 May 2002. The theme of the conference is ***Military Nursing Research: Meeting the Challenges of Readiness in Healthcare***. We are soliciting abstracts for podium presentations and poster displays concerning completed and in-progress research, research utilization projects, and clinical innovations on a wide range of topics such as:

- readiness
- deployment
- clinical nursing practice
- education
- administration
- quality improvement
- research dissemination/research utilization
- clinical innovations using data analysis to determine outcomes
- project evaluation
- clinical case management
- health policy

Please note that we are especially interested in receiving abstracts about clinical or process improvement innovations that are grounded in a review of the literature and analysis of outcomes. Although such projects are not "research" in the purest sense, they do use research methods. The call for such abstracts is also consistent with our goal to attract aspiring, junior researchers to this course.

2. All military and civilian DOD nurses who have conducted research since **1 January 1997** are encouraged to submit an abstract of their research/clinical innovations/research utilization projects for consideration. Abstracts will be selected for podium or poster sessions. Instructions for the abstract and scoring guidelines are included as Enclosures 1-8. Submissions should be sent by e-mail to: linda.yoder@na.amedd.army.mil or by regular mail to Walter Reed Army Medical Center, Nursing Research Service, Attn: COL Linda H. Yoder, P.O. Box 59645, Walter Reed Station, Washington, DC 20012.
ABSTRACTS MUST BE RECEIVED NLT 17 December 2001.

3. All **military** nurses are eligible to compete for one of five awards by submitting a paper detailing the research. The awards are divided into five categories:

- Research done as part of a Master's level nursing program.
- Research done as part of a Doctoral level nursing program.
- Research done while assigned to a non-research position.
- Research done while assigned to a research position.
- Research utilization *(2 page abstract acceptable; no paper required).*
- Clinical innovation that is outcomes focused; clinical innovations are often implemented by a group of individuals, therefore this award can be given to a group or an individual.

The research utilization award is presented for the most outstanding research utilization abstract, a paper is **not** required. Additionally, three poster awards will be presented (one for each service). Instructions for the paper and scoring guidelines are included as Enclosure 9. Submissions should be sent by e-mail to: linda.yoder@na.amedd.army.mil or by regular mail to: Walter Reed Army Medical Center, Nursing Research Service, Attn: COL Linda H. Yoder, P.O. Box 59645, Walter Reed Station, Washington, DC 20012. **PAPERS MUST BE RECEIVED NLT 25 February 2002.**

4. All Active Component **Army** Nurse Corps officers whose abstracts are accepted for presentation will be centrally funded to attend the PJV Course. Only one nurse per study will be centrally funded. Presenters from Army Guard, Army Reserve, Navy, Air Force, or DOD civilian nurses should pursue funding through their respective facilities.

5. The POC for this Call for Abstracts/Call for Papers is COL Linda H. Yoder, Nursing Research Service, Walter Reed Army Medical Center, [DSN: 662-7025; CML: (202) 782-7025; FAX: (202) 782-0661].

ABSTRACT GUIDELINES

12th Biennial Phyllis J. Verhonick Nursing Research Course

1. The abstract should not exceed one (1) single spaced, typewritten or laser-printed page. Research utilization/clinical innovation abstracts may be up to 2 pages. Print size should be no smaller than 12 pt font size. Dot matrix print is not acceptable. Margins must be 1.5 inches on the left and 1.0 inch on the top, bottom, and right.

Four copies of the abstract should be submitted. **One abstract should be camera-ready** with identifying information of the author(s) included following the title. This copy will be placed in the conference proceedings. The other **three copies should have title only,** without the authors names. These copies will be used for the blind review. Scoring criteria are provided for your information at Enclosures 5-8. The preferred submission method is to send the abstract via e-mail attachment to: linda.yoder@na.amedd.army.mil. If choosing this option, submit the following by separate attachments: the abstract with all identifying information; the blinded copy of the abstract; the abbreviated curriculum vitae (see enclosure 4 for format); and the abstract cover page. If submitting a hard copy of the abstract, a **floppy disk** with the abstract in MicroSoft Word also ***must*** be submitted. Please note the program and font used on the disk so that we may duplicate the original formatting for the proceedings.

2. Submissions must include the abbreviated CV of the principal investigator and the abbreviated CV of the planned presenter if other than the PI. The Call for Abstracts/Call for Papers is being transmitted via Microsoft Outlook to Chief Nurses so that forms may be downloaded and completed by attachment. If additional copies are needed, please contact the Walter Reed Nursing Research Service (202-782-7025) or send an e-mail to the POC at the above address. Faxed submissions are **NOT** acceptable.

4. The abstract should include the following key elements in the listed order and format. Modifications may be necessary for qualitative research, clinical innovations, or research utilization projects.

TITLE: SHORT, SPECIFIC, AND CENTERED

Presenter's Name, Degree
Rank, Corps (if applicable)
(On one copy of abstract only)

PURPOSE/AIMS: The purpose of this research was .....

DESIGN: (Include conceptual/theoretical guidelines as appropriate)

POPULATION/SAMPLE STUDIED:

METHOD(S): (Include instruments)

DATA ANALYSIS:

FINDINGS:

CONCLUSIONS/RECOMMENDATIONS:

IMPLICATIONS:

FROM/TO TIME PERIOD OF STUDY:

ABSTRACT COVER PAGE
12th Biennial Phyllis J. Verhonick Nursing Research Course

Title of Study:_____

This Abstract Is Being Submitted For (check one):

( ) Paper presentation only
( ) Poster display only
( ) Paper presentation or poster display

This presentation represents:

( ) Quantitative research ( ) Qualitative research
( ) Research utilization ( ) Combined methods
( ) Clinical innovation

If selected, the presenter will be:_____

BIOGRAPHICAL SKETCH:

Principal Investigator: _____
(First) (MI) (Last) (Rank/GS) (Degree)

Component (circle or bold one): AD Reserve National Guard DOD Civilian
Branch of Service: Army Navy Air Force

Position: _____ Organization: _____

Work Address: _____
(Street) (City) (State) (Zip)

Home Address: _____
(Street) (City) (State) (Zip)

Telephone: Work ( ) _____ Home ( ) _____ Fax ( ) _____
E-Mail Address:_____

Preferred Address for Correspondence (circle one): WORK HOME
Preferred Phone Number for Calls (circle one): WORK HOME

OTHER AUTHORS: (Use separate sheet if necessary)

Name: _____
(First) (MI) (Last) (Rank/GS) (Degree)

Component (circle one): AD Reserve National Guard DAC Branch of Service: Army Navy Air Force

Position: _____ Organization: _____

Work Address: _____
(Street) (City) (State) (Zip)
Home Address: _____
(Street) (City) (State) (Zip)

Abbreviated Curriculum Vitae

12th Biennial Phyllis J. Verhonick Nursing Research Course

Name:

Position and Department:

Current Professional Address:

Education:

Military Assignments:

Licensure:

Specialty Board Certification:

Professional Societies:

Honors and Awards:

Publications: (citations from past five years)

External Peer Review Grant Awards:

Academic Appointments:

Presentations: (from past five years)

Other professional affiliations:

(Note: Please do not exceed two (2) pages)

DeWitt Health Care Network Patient Management Negative Air - Pressure Room is located in the Emergency Room IMPORTANT PHONE NUMBERS: Infection Control 805-0044 ER 805-0414 Safety Officer 805-0157 WRAMC Infectious Disease 202-782-1663 USAMRIID 301-619-2833 CDC Emerg. Response Off. 770-488-7100	BACTERIAL AGENTS	Anthrax	Brucellosis	Cholera	Glanders (rarely seen)	Bubonic Plague	Pneumonic Plague	Tularemia	Q Fever	VIRUSES	Smallpox	Venez. Equine Encephalitis	Viral Encephalitis	Viral Hemor. Fever	BIOLOGICAL TOXINS	Botulism	Ricin	T-2 Mycotoxins	Staph. Enterotoxin B
Isolation Precaution																			
Standard Precautions for all aspects of patient care		X	X	X	X	X	X	X	X		X	X	X	X		X	X	X	X
Contact Precautions			X								X			X					
Airborne Precautions					X						X								
Use of **N95** mask by **all** individuals entering the room											X								
Droplet Precautions							X*					X							
Wash hands with antimicrobial soap			X	X							X			X					
Patient Placement																			
No restrictions		X						X								X	X	X	X
Cohort 'like' patients when private room unavailable				X		X	X		X				X						
Private Room			X	X	X	X	X				X	X		X					
Negative Pressure											X								
Door closed at all times					X		X				X	X							
Patient Transport																			
No restrictions		X						X	X				X			X	X	X	X
Limit movement to essential medical purposes only			X	X	X	X	X				X	X		X					
Place mask on patient to minimize dispersal of droplets					X		X				X	X							
Cleaning, Disinfection of Equipment																			
Routine terminal cleaning of room with hospital approved disinfectant (Cavicide) upon discharge.				X	X			X	X		X	X	X			X	X	X	X
Disinfect surfaces with bleach/water sol. 1:9 (10% sol.)		X	X			X	X							X					
Dedicated equipment that is disinfected prior to leaving room			X								X			X					
Linen management as with all other patients		X	X	X	X	X	X	X	X		*	X	X	X		X	X	X	X
RMW handled per DeWitt Health Care policy		X	X	X	X	X	X	X	X		*	X	X	X		X	X	X	X
Discharge Management																			
No special discharge instruction necessary		X		X	X			X	X			X	X			X	X	X	X
Home care providers need to be taught principles of Standard Precautions		X	X			X	X							X					
Not discharged from hospital until determined no longer infectious							X				X			X					
Patient usually not discharged until 72 hours of antibiotics completed							X												
Post-mortem Care																			
Follow principles of Standard Precautions		X	X	X	X	X	X	X	X		X	X	X	X		X	X	X	X
Droplet Precautions							X												
Airborne Precautions											X								
Use of **N95** mask by **all** individuals entering the room											X								
Negative Pressure											X								
Contact Precautions											X			X					
Routine terminal cleaning of room with hospital approved disinfectant (Cavicide) upon autopsy			X	X	X			X	X		X	X	X			X	X	X	X
Disinfect surfaces with bleach/water sol. 1:9 (10% sol.)		X				X	X							X					

STANDARD PRECAUTIONS - Standard Precautions prevent direct contact with all body fluids (including blood), secretions, excretions, non-intact skin (including rashes) and mucous membranes. Standard Precautions routinely practiced by healthcare providers include: **Handwashing, Gloves** when contact with above, **Mask/Eye Protection/Face Shield** while performing procedures that may cause splashing or spraying, and **Fluid-Resistant Gowns** to protect skin and clothing during procedures.* Special handling indicated - call Infection Control